## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21<sup>5t</sup> Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark		Date Re	eceived		Notification	
	1.91.	\	5.	11.08	33	0113	
I. TYPE OF NOTIFICATION (O	= Original / R = Revised)	: Revised					
II. FACILITY INFORMATION ( Ide	ntify owner, removal cont	tractor, and	other operator)				
OWNER: Westchester Medical Cen	ter	1000					
Address: 95 Grasslands Road			, 22-1				
City:Valhalla	18		State: New Yor	k	ZIP: 1059	5	
Contact: Anthony Lagnese	gnese				Tel: 516-5	23-5504	
REMOVAL CONTRACTOR: JVN F	testoration Inc.				<del></del>	***	
Address: 47 Foster Road							
City: Staten Island			State: New Yo	rk	ZIP: 10309		
Contact: John Tardy			I		Tel: 718-6	605-6256	
					=		
Address:							
OTHER OPERATOR:			280.				
Contact:					Tel:		
III. TYPE OF OPERATION ( D = D	emolition / R = Renovatio	on) : R / Asl	oestos Removal	Only			
IV. IS ASBESTOS PRESENT? (Y	es/ <u>N</u> o): yes						
V FACILITY DESCRIPTION (i	nclude building name, i	number an	d floor or room	number): Radio	logy Departn	nent & Nuclear	
Building: Westchester Medical Cent							
Address: 95 Grasslands Road							
Address:	- 2000000000000000000000000000000000000					W00-7-000	
City Valhalla			State: New Yo	ork	County: W	/estchester	
Site Location: Westchester Medical	Center					***	
Building Size	SqMeter:	SqFt:		# of Floors:		Age in Years	
Building Oleo	o quincien	100000				50+	
Present Use: Hospital	sent Use: Hospital			Prior Use: Hospital			
VI. PROCEDURE, INCLUDING AN OF ASBESTOS MATERIAL:	ALYTICAL METHOD, IF Bulk/PLM (AHERA)	APPROPE	RIATE, USED TO	DETECT THE F	PRESENCE		
VII. APPROXIMATE OF RACM TO SPECIFY THE AMOUNT OF ASB	BE REMOVED AND NO ESTOS BELOW:	N-FRIABL	RACM to be Re	No		estos Material	
PIPES - Linear Feet			<u> </u>				
PIPES- Linear Meters			TATOLE MORPHING		****		
Surface Area - Square Feet			11,335				
Surface Area - Square Meters							
Volume RACM off Facility Compon	ent - Cubic Feet						
Volume RACM off Facility Compon	ent - Cubic Meters				- Assertion - III		
xVIII. SCHEDULED DATES OF A	SBESTOS REMOVAL:	(MM/DD/Y	Y) Start:	11/29/2010	Completion:1	1/1/2011	
Y SCHEDILLED DATES OF DEM		***************************************			Completi	on:	

X. DESCRIPTION OF PLA N/A	NOTIFICATION OF DEMOLITION AT	/ATION	WORK, AND ME	THOD(S) TO	BE USED:	
	ACTICES AND ENGINEERING C TION AND RENOVATION SITE: r HEPA filtration system. Wet M			TO PREVEN	NT EMISSIONS OF	
XII. WASTE TRANSPORTER #1						
Name: Express Waste Services						
Address: 614 Frelinghuysen Ave	nue					
City: Newark		Sta	te: New Jersey		ZIP: 07114	
Contact Person:		Telephone:				
WASTE TRANSPORTER #2						
Name:			9.			
Address:		*				
City:		Sta	State:		ZIP:	
Contact Person:				Telephone:		
XIII. WASTE DISPOSAL SITE						
Name: Cumberland County Land	Fill					
Address:						
City: Newburg		T	State: PA		ZIP: 17242	
Telephone: 717 423-5917						
XIV. IF DEMOLITION IS ORDERE	D BY A GOVERNMENT AGENC	Y, PLEA	SE IDENTIFY T	HE AGENCY	BELOW	
Name: N/A		Title:				
Authority:						
Date if Order (MM/DD/YY):		Date Ordered to Begin (MM/DD/YY) :				
XV. FOR EMERGENCY RENOVA	TIONS					
Date and Hour of Emergency (MN	I/DD/YY):					
Description of the Sudden, Unexp	pected Event:					
Explanation of How the Event car	used Unsafe Conditions or Seri	ous Dis	ruption of Indus	trial Operation	on:	
XVI. DESCRIPTION OF PROCEDU PREVIOUSLY NON-FRIABLE AS	IRE TO BE FOLLOWED IN THE BESTOS BECOMES CRUMBL	EVENT ED, PUI	THAT UNEXPEC VERIZED, OR	CTED ASBES REDUCED TO	TOS IS FOUND OR D POWDER:	
XVII. I CERTIFY THAT AN INDIVID SUBPART M) WILL B REQUIRED TRAINING INSPECTION DURING	DUAL TRAINED IN THE PROVIS E ON-SITE DURING THE DEMO HAS BEEN ACCOMPLISHED E NORMAL BUSINESS HOURS.	IONS OI DLITION BY THIS (Requi	F THE REGULATION RENOVATION FERSON WILL red 1 year after	FION (40CFR ON AND EVI BE AVAILAB promulgation	PART 61 DENCE THAT THE LE FOR 1).	
	John Tardy		5/19/20			
Signature of Owner/Operator XVIII. I CERTIFY THAT THE ABO	Project Manager OVE INFORMATION IS CORRECT	CT.		Date		
	John Tardy		<b>P14616</b>	44		
Signature of Owner/Operator	D 4 Manager		5/19/20	11  Date		

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Operator Project # Postmark **Date Received** Notification 1.1 TYPE OF NOTIFICATION (O = Original / R = Revised) : Revised II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator) **OWNER: Westchester Medical Center** Address: 95 Grasslands Road City: Valhalla State: New York ZIP: 10595 Contact: Anthony Lagnese Tel: 516-523-5504 REMOVAL CONTRACTOR: JVN Restoration Inc. Address: 47 Foster Road City: Staten Island State: New York ZIP: 10309 Contact: John Tardy Tel: 718-605-6256 Address: OTHER OPERATOR: Contact: Tel: III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : R / Asbestos Removal Only IV. IS ASBESTOS PRESENT? (Yes/No): yes V FACILITY DESCRIPTION (include building name, number and floor or room number): Radiology Department & Nuclear Medical Wing (Main Building), Main Building 2<sup>nd</sup> Floor<mark>. Stat Flight Area</mark> **Building: Westchester Medical Center** Address: 95 Grasslands Road Address: City Valhalla State: New York County: Westchester Site Location: Westchester Medical Center **Building Size** SqMeter: SqFt: # of Floors: Age in Years 100000 Present Use: Hospital Prior Use: Hospital VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Bulk/PLM (AHERA) VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF ASBESTOS BELOW: Non-friable Asbestos Material not to be removed Category I RACM to be Removed Category II PIPES - Linear Feet 50 PIPES- Linear Meters Surface Area - Square Feet 11,835 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet Volume RACM off Facility Component - Cubic Meters xVIII. SCHEDULED DATES OF ASBESTOS REMOVAL: Start: 11/29/2010 Completion: 11/1/2011 X. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: Completion:

X. DESCRIPTION OF PLANNED DEMOLITION OR F N/A	TION AND RE	NOVATION (continued ON WORK, AND M	) ETHOD(S) TO	BE USED:		
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEER ASBESTOS AT THE DEMOLITION AND RENOVATION Negative air machines under HEPA filtration system.			D TO PREVE	NT EMISSIONS OF		
XII. WASTE TRANSPORTER #1						
Name: Express Waste Services						
Address: 614 Frelinghuysen Avenue						
City: Newark	!	State: New Jersey	′	ZIP: 07114		
Contact Person:		Telephone:				
WASTE TRANSPORTER #2			•			
Name:						
Address:						
City:		State:		ZIP:		
Contact Person:			Telephone:	ZIF.		
XIII. WASTE DISPOSAL SITE			relephone.			
Name: Cumberland County Landfill						
Address:						
City: Newburg		State: PA		ZIP: 17242		
Telephone: 717 423-5917		State: PA		211. 17242		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT A	GENCY PI	EASE IDENTIEV T	HE ACENCY	DELOW		
Name: N/A	T Title		IIL AOLNO			
Authority:		<b></b>				
Date if Order (MM/DD/YY):	l Dat	o Oudound to Doub	- /MM/DD 00/			
XV. FOR EMERGENCY RENOVATIONS	Dat	Date Ordered to Begin (MM/DD/YY) :				
	THE ALCOHOL STATE OF THE STATE					
Date and Hour of Emergency (MM/DD/YY):						
Description of the Sudden, Unexpected Event:						
Evaluation of House the Found						
Explanation of How the Event caused Unsafe Conditions o	r Serious D	isruption of Indus	trial Operatio	n:		
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES CRI	THE EVEN	T THAT UNEXPE	CTED ASBES	TOS IS FOUND OR		
The second of th	ONIBEED, I	olvenized, on	KEDOCED IC	POWDER.		
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PR SUBPART M) WILL BE ON-SITE DURING THE REQUIRED TRAINING HAS BEEN ACCOMPLISH INSPECTION DURING NORMAL BUSINESS HOL	DEMOCITIO	N OR RENOVATION	ON AND EVIL	DENCE THAT THE		
John Tardy	•	9/2/2011				
Signature of Owner/Operator Project Manager  XVIII. //CERTIFY THAT THE ABOVE INFORMATION IS CO	DDECT		Date			
John Tardy	RKEUI.	9/2/201 <sup>-</sup>	1			
Signature of Owner/Operator Project Manager			Date			